



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 6078

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 09/605,066 | FILING DATE 06/28/2000 RULE | CLASS 370 | GROUP ART UNIT 2662 | ATTORNEY DOCKET NO. 102362-003 US B4 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

Constantine N. Manis, Monmouth Junction, NJ;

Dick Walvis, Santa Cruz, CA;

Mike Bautista, Portola Valley, CA; Tom Szilagyi, Felton, CA;

**** CONTINUING DATA** *(Yes) ST*

This application is a CIP of 09/290,353 04/12/1999 ABN
which claims benefit of 60/113,608 12/23/1998

**** FOREIGN APPLICATIONS** *(Yes) ST*

GERMANY 298 06 691.2 04/15/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****** 08/21/2000**

| | | | | | |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>ST</i> Examiner's Signature Initials | STATE OR COUNTRY NJ | SHEETS DRAWING 1 | TOTAL CLAIMS 15 | INDEPENDENT CLAIMS 2 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

23526

NORRIS MCLAUGHLIN & MARCUS, P.A.

P O BOX 1018

SOMERVILLE, NJ

08876

TITLE

Method for transmitting a signal on a network

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 410 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|--|